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Case Work in the Modern Day Nursery

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FOR the past several years day nurseries have been growing and progressing, studying their services and programs to learn how best to meet the needs of children and families who turn to them for help. The nursery has become aware of the growing body of knowledge from the fields of psychology, education and mental hygiene, of child development and the emotional, physical and mental needs of children. Increasingly, this knowledge has been incorporated into the service to children and families and the modern day nursery is no longer a "custodial care" institution. That case work service is an integral part of the day nursery program has been recognized in various parts of the country in the past five to ten years. Where this has been demonstrated the day nursery service has been especially effective and meaningful to parents and children.

Because of the war emergency and the tremendous increase in the demands for care, nurseries have been established under many new and different auspices; with different names, nursery school, day care center, child care center. Many make no provision for case work service. This does not mean that the value of case work has not been demonstrated nor that the need does not still exist. It has perhaps been temporarily obscured by other seemingly more urgent aspects of day care. It does mean that it is important to restate the values of case work service so that its contribution may not be overlooked during the emergency and for the future.

* For the present Mrs. Farnum has retired from active case work practice.

In the day nursery three professional fields work closely together in a unified program of service to the child and family. The nursery school teacher, the case worker, and the doctor representing education, family case work, and health, constitute the three groups cooperating in day care for children. My purpose in this paper is to try to define the reason why family case work service is a vital part of this three-fold program.

Day Nursery Function

The reason for case work-service is logical and consistent in relation to day nursery function and purpose which have not changed through the years. Whatever name is used to describe the service, the purpose is still as it has always been, to provide all-day care for children who need it because of factors in the family situation necessitating all-day care outside the home. In essence, the day nursery supplements the family and is a

substitute for parental care, during certain hours of the day. The need for care outside of the family may arise from social, economic or health factors within the family. There are many reasons why parents are not able at times to meet the needs of their children at home—employment of the mother due to financial stress or other causes, ill health of the mother, emotional or mental disturbance of either parent, or any lack within the family or the child's environment affecting his normal growth and development. Yet the family situation is not such that formal placement in a foster home or institution involving complete removal of the child, would be the answer. The day nursery has made it possible for family life to be

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preserved and in many instances has prevented families from disintegration. Thus the day nursery is a social agency which serves both the child and his family and meets a very important social need.

The war emergency has not altered this fundamental function. Day care is still offered for the same reason—to care for children whose families are not able to do so. The basis of need for all-day care still lies within the family. The reasons why women work have not changed fundamentally. Qualitatively they remain the same—to support the family, to relieve financial stress, to improve the standard of living, as a release from household burdens, for important personal and social satisfactions. The one additional factor has been the external stimulus of the need for women in industry.

The war effort of the nation has made it imperative that women and some mothers participate and make a contribution through employment. Thus the country's wartime need, appealing to women to leave their homes, as well as the family situation which stirs the mother to see work as desirable, has created an unprecedented demand for child care centers. The government, aware of its responsibility to children as employment of mothers was stimulated, has made funds available in many areas for child care centers recognizing that if mothers are to work the children must be well cared for. In so doing, however, there has been an awareness among those who understand the needs of children that this exodus of mothers of young children from the home is not a completely desirable thing for many mothers or children whom it has affected. In fact, it is analogous to the drafting of fathers. No one would say that the father draft is a desirable thing nor deny that it may have serious and lasting effects on family life and children. However, the needs of the country make it essential. The same consideration applies to employment of mothers and the day care of children. Because of these aspects and the permanent and lasting effects for mother and child, it seems evident that if case work has been important in the nursery in the past, the need for it continues and is if anything more vital than ever before.

Day Nursery and Nursery School Compared

If then, we accept that day nurseries and day care centers however financed, or under whatever auspices, are established as a service to families to meet the needs of children for care because of factors within the family situation, then the confusion which exists in the relation of the day nursery to the education field and to the nursery school, can be clarified.

None of these day care centers have been established for the primary purpose of providing an educational experience for children under six. Few educators, health or case workers would advocate an all-day program for this purpose. The day care center is not and should not be open to every child whose parents wish group experience for him. The shorter day nursery school is much better equipped to meet these needs. Admission to the day care center is based rather on the "need for care." However, in carrying out this function, the nursery education program is a very important part of its services. In fact, it is an implicit part of the program since in discharging the responsibility to the child under care it is essential that the experience be an appropriate one to meet his individual needs for growth and development. What the nursery school has contributed in terms of education of young children must be utilized in any program for young children.

In addition to the differences in purpose there are some other important differences between the day nursery and the nursery school;—first, the difference in the length of the day, the length of the nursery year, and limited vacations. Implicit in the function of a day nursery is the need for longer hours, particularly to meet the need of working mothers in our present industrial setup. If mothers are to work effectively and to compete in the economic world it is essential that they be available for a full working day the year round. Underlying the short day program of the nursery school on the other hand has been a recognition of the meaning to children of too long separation from parents, fatigue, prolonged association with a group, etc. In offering a long day the nursery is offering a different service and it has been aware of the extra responsibility to the child involved. Not only must there be some modification of the program but the teacher and case worker must be doubly aware of the family situation, and parent-child relationships at the time of admission and so long as the child is being cared for. The fact that the child will be cared for outside his home for so many of his waking hours nearly every day of the year must be considered at the time of application. It again brings to the fore the realization that the child is not being admitted to an educational experience only.

In relation to function there is another important contrast to the nursery school in admission. Admission cannot be made at stated times of the year, nor on the basis of suitability to the group alone, nor can the composition of the group be a static one. In relation to the need for care within the family there will be turnover and the makeup of the group may vary

from month to month. This does not mean that the group is not considered in admitting children. Always in a nursery, whether the group can absorb another child at any time or a certain child because of his particular personality, will be considered by the case worker and teacher together so that the child and group will not suffer. However, the "need for care" will always be taken into account and given weight at admission. Because of this, the greater skill and flexibility required of the nursery school teacher in an all-day program should be recognized.

These distinctions between the nursery school and the day nursery are important in considering case work service. Though there is much discussion of the value of a nursery school experience for children from 2 to 6, and much thought about whether it should be made universally available, the same reasoning cannot apply to an all day, eight hour, year round program. All-day care, even at its best, is a different thing and much is to be weighed and considered for parent and child. Much more study has to be made before the positive and negative elements in this can be fully known. We certainly cannot say that all-day care is good even for most children. We do know it is desirable for some, beneficial for others and vitally important for many more, depending always on the home situation for which it is a substitute and the quality of the program within the nursery.

Case Worker—Considers Applications

Thus, implicit in function of the day care center is the need for consideration at admission of many complex factors within the family situation. These include evaluation of the need for care, the appropriateness of nursery care as the solution to this need, awareness of parent-child relationships and of the meaning to both parent and child of long and continued daytime separation as well as possible values to the child of group experience. A knowledge of the child's family situation, background, and development, is absolutely essential to teacher, case worker and director if they are to effectively understand the child and facilitate his adjustment to this new experience. The trained case worker is especially equipped to give this service. Knowledge of family relationships, mental, physical and emotional aspects of personality development, experience in helping the family in difficulty, skill in interviewing and knowledge of community resources is the content of a case worker's training. In the complexity of a day care program, it is especially important that there be a person with such skill whose primary function is to be available to parents.

Case Worker—Determines Need

What, then, does the case worker do as a member of the nursery staff? First, it follows logically that she is equipped by experience and knowledge to interview parents at the time of application. She is responsible for determining "need for care" in relation to the nursery policy. This involves securing information about the reason for requesting day care and the family problem for which the parents believe day care is the solution. The financial situation, family relationships, reasons for employment, description of the health, social or emotional problems are all a part of this process. Eligibility on the basis of "need for care" is not and cannot be a matter of applying a few simple rules but is rather an evaluation of family problems, personality strengths and weaknesses. Acquaintance with the background and problems of the families who come to the nursery reveals more than words can state, the dynamic quality of work where human beings are involved.

When applications are high and vacancies few, the case worker is also called on to cooperate with teacher and director in selection of those children and families for whom care is most needed. This means weighing one family problem and one child's needs over against another and it is a grave responsibility requiring judgment, objectivity and skill.

Case Worker—Establishes Eligibility

In many day care centers, established with public funds, eligibility requirements are more formal and definite as is necessarily the case in a public agency. Any family which meets these eligibility requirements is technically eligible to receive the service of the day care center. For example, in some set ups any mother who is employed in a defense industry can expect her child to be admitted to the nursery. This is because underlying the establishment of such centers and use of public funds, has been the need of the country for women workers. In individual family situations this may conflict with the interest of the child and though the nursery care plan may seem detrimental to the child, the application may not be refused if eligibility requirements are met. I think this points up even more acutely the need for a case worker, who, though she may not dissuade the mother from her plan, may yet be available after admission to help the child in his group adjustment and aid with problems for mother and child which will certainly arise. On the other hand, though the family may not meet eligibility requirements, the desirability of nursery care for the child may be very obvious, yet the day care center will have to reject this application.

The second part of the intake process is that of considering with the mother the pros and cons of nursery care. In the past the case worker has often been accused of "keeping down enrollment," by discouraging mothers from placing children in the nursery because of the case worker's conviction of the importance of care at home. This criticism is not justified if the case worker is a skilled person who does consider objectively the many different aspects of the family situation, including the needs of the child. All case workers are aware of the great benefit of day nursery care for many children. However, no responsible social agency or professional person, teacher or case worker can conscientiously accept a child for all-day care if information and knowledge of him and his family show clearly that all-day care away from home is inappropriate or detrimental or that another solution would be more beneficial from the child's and family's point of view. Often the nursery or case worker may have knowledge of other resources to meet the family need with which parents are unfamiliar and which if aware of they would welcome—for example, referral to a nursery school for group experience.

Case Worker—Clarifies Parental Responsibility

At intake what the case worker and parent do is to consider *together* what is involved in nursery care for family and child so that both can understand the soundness of the family plan. The case worker does not make the decision alone nor is it something superimposed on the parent. A trained case worker has respect for the independence and self-direction of every human being. She encourages every individual to take whatever responsibility he can and to make his own decision. This discussion between case worker and parent is therefore an opportunity for both to bring out into the open many aspects of the plan. Where this is done, a basis for cooperation and understanding is established between parent and nursery which enables the family to make effective use of the nursery. It includes discussion of the nursery routine, fees, regular attendance, health requirements, the meaning of separation and its possible effect on behavior at home.

Such a discussion is actually economical in the long run since it means that those families using the nursery have thought through the plan and turnover is reduced. It reduces to a minimum acceptance of children where application for all-day care has been a step taken in desperation or rashly conceived with no understanding of what was involved for parent and child.

After the decision is made for the child to enter the nursery, the introduction of the child and parent to the new experience must be carefully planned. Both the teacher and case worker should have a part in this admission process. The respective responsibilities of each will vary from nursery to nursery but should be already defined in each set up.

Those who have had experience in nurseries have noted how frequently children are withdrawn during the first week to three months. This often means that the parent has not fully thought through the plan or that the first period of adjustment has been too difficult. This period of adjustment is one in which there are many stresses and strains for both mother and child. When it seems too much and the plan for nursery care is given up it can be a very frustrating experience to the mother and a damaging one to the child whether his brief nursery experience has been a positive or negative one. Where there is a case worker to keep in close touch with the mother during the initial period of nursery care many of the difficulties can be faced and discussed together and worked out. If the plan for nursery care is to be given up it can then be done in a positive way for family and child.

In addition to the above the case worker at intake determines with each family the fee for care in relation to the nursery fee policy. Where there is a sliding scale this involves consideration of family income and expenses and is again a process calling for skill, understanding of family life, awareness of the values of money, standard of living, attitudes toward indebtedness, which vary from individual to individual.

Case Worker's Role After Admission

After admission the case worker can be helpful in continuing case work service when she works in close cooperation with parent and teacher. The well trained nursery school teacher is always alert to the child's adjustment to the group, his personality and behavior. Frequently the teacher will note behavior disturbances, such as aggressive or withdrawn behavior, anxiety, excessive timidity, or other problems relating to fatigue, poor health, eating or sleeping or in relationship to other children and adults. Many children will show such symptoms because of the very fact of separation. The teacher will be aware that the explanation often lies within the family situation and if the child is to be helped the cooperation and participation of the family must be secured. With increased knowledge of mental hygiene, teachers are aware that direct suggestions and advice to parents and an educational approach alone may not

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The Placement of the Child Needing Adoption

*Recent Changes in Practice**

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THE Foster Home Care Department of the Children's Aid Society in Buffalo has annually about thirty babies in need of adoption homes. We are endeavoring to get them into adoption homes by the time they are four or five months old and as much earlier as circumstances and our knowledge of the child and his background permit. In a few instances in the past three years, we have placed babies in adoption homes direct from the maternity home or hospital. Such early placements are made because we believe in the importance of the infant-mother relationship. We believe that when the normal and natural ties are broken there should be provided as quickly as possible an adequate substitute for the interrupted post-natal relationship with the natural mother, *i.e.*, substitute a new and permanent mother for the natural mother.

These babies for adoption are deprived of breast feeding, hence "it becomes important," to quote Dr. Florence Clothier, "that the bottle be given in such a way as to minimize the libidinal loss to the child." May not that best be done by the woman who is seeking a substitute for the child she cannot have? Is she not the best substitute for the natural mother the child cannot keep?

Danger of Delayed Placement for Adoption

Until three years ago we were letting six months, a year, or longer elapse before placing the babies in adoption homes. Mothers moved slowly toward their decisions because we were afraid of influencing them unduly. We were uncertain of the psychological taste at an earlier age and that uncertainty was based largely upon gaps in the social histories. We were confused at times as to what was regarded as hereditary danger. But we were becoming increasingly uncomfortable about these delayed placements. Psychologists and psychiatrists were clarifying for us the importance of the infant-mother relationship in terms of that relationship laying the foundations of the child's later development in all areas. For example, Susan Isaacs wrote that "If the child is deprived of the normal satisfaction of nutritional impulses and associated libidinal wishes in the oral

period it is doubtful whether his mental life ever entirely recovers." In boarding homes these satisfactions might be met but boarding homes have a way of breaking down at times. Shifts in boarding homes might be necessary and then there was the shift to the adoption home breaking the infant's early love relationships. We saw often the damaging effect of such shifts, sometimes expressed by a slump in his mental growth as well as other evidences of emotional disturbance. We had no way of measuring what permanent damage these shifts and breaks might be doing or how much the delayed placements might affect the child and his adoptive parents' ultimate security with respect to one another, but we did feel that these delays could not but result in some dislocation of the normal developmental processes. The mere fact that an elemental biological tie was broken through the separation of the infant from its own mother posed an abnormal situation for the infant and must take its toll at some emotional cost, whether we could measure it or not. Therefore it was up to us not to increase the infant's initial liabilities.

We thought back over some of our past cases of adoptions and found that case workers and foster parents had confidence in the potentialities of the babies long before the surrenders were taken. Months of study often merely confirmed what was seen and known at an earlier date but we had lacked complete confidence in our findings. It was also evident that the fuller the social histories the greater was our confidence in our own judgment. We moved, therefore, to put into practice what we had long believed—that the earlier the permanent substitute child-mother relationship can be established, the better the chances for an emotionally healthy adopted child. We believe the earlier placements make for the complete integration of the child into the family group and lessen the hazards of differences.

Mother's Help in Earlier Planning for Babies

At about the same time that we prepared ourselves to make earlier adoption placements, we arranged to place more babies for Ingleside Home, a maternity home in Buffalo, thus increasing considerably the amount of adoption work to be done by us. With the draft Ingleside began to get more "high-

* Delivered on League's program at National Conference, Cleveland, May 1944.

type" girls, girls with a high sense of responsibility for their illegitimate children, of higher intelligence, and able to give all possible help to those who would take up the task of planning for the future of their babies. Ingleside was making greater use of the prenatal period to help the mothers to come to a decision as to what they wanted to do about the coming babies. The Ingleside staff accepted our feeling of the importance of full social histories and they were in position to present to the mothers our need to know and to understand their babies' needs if we, the placement agency, were to be skillful in choosing the right home for a baby. The result has been that by the time the babies come to us the mothers have decided definitely whether or not they wish to surrender the babies and the babies are preceded by full social histories. Thus the first steps toward placement have been taken.

We want these histories to go as far back as possible and to include data on the collateral lines as well as the direct lines, for this helps us to evaluate the strength of genetic forces expressed in physical make-up, interests, abilities, intelligence, etc. Of course, all of this data must be interpreted in the light of environmental influences and so we seek all the information we can get about the individual's environment, and the personalities that influenced them, opportunities that came or were denied, the part that health played. Where paternal history is lacking we need to know still more about the mother and the implications of her story of paternity. In these cases we will delay a decision regarding adoption until there have been at least two psychological tests of the baby that are regarded as valid.

The Services of the Psychologist

The mother, and when possible the father, are seen by our psychologist and if the need is indicated one or both may be seen by a psychiatrist. The psychologist who sees them will later examine their baby periodically. We use our psychologist differently from many agencies. She has a value in adoption work beyond the mere use of psychometric tests. She serves not only the babies but a cross section of the children passing through our S. P. C. C. services and our general foster home program. She is constantly evaluating problem children, many of whom come from poor adoption placements. She evaluates them in terms of intelligence and also in terms of environmental influences. She is seeing older children, children out of poor backgrounds, but with fine intelligence. She has been with our agency nine years, and is the only person who sees all of the babies. This

fact, coupled with the volume and breadth of her experiences in examining older children, make her diagnostic ability valuable. Because she interprets the test results in terms of the environment and the social and physical findings, she goes with the case worker into the study home and later into the adoption home. In both settings her role is supportive. Aside from the manipulation of the child, the case worker has the control and responsibility. She directs and steers the psychologist apart from the actual testing. Before going into the home the case worker has talked over with the psychologist the total situation; the psychologist knows in advance where she may be of supporting value to the case worker. The two have worked out a relationship of such understanding that together they decide what the psychologist says to the foster parents, making sure that the psychologist gives only such information as the foster parents can use. This use of the psychologist might not be possible if she had not had such long and broad experience with us and if she did not have such a wholesome respect for the effects of the social environment. She also has a value as a specialist.

This integration of case work and psychological service has produced greater confidence in our ability to proceed with adoption placements. It has also added to the skill of the case worker in observing the child and his environment. The psychologist generally sees the infants at the age of one month. Where there are grave questions as to the child's capacity for growth and development, she sees it monthly and in other cases, at intervals of two or three months until she feels that re-testing is no longer needed. The case workers who have had the greater experience in observing infants are able to take back to her such detailed reports as, in many instances, to make such frequent re-testing unnecessary.

All observations of the infant, whether from foster mother, case worker, psychologist, doctor—are weighed against and in the light of the social history. The case worker with the aid of the foster mother, has areas of important observation of the infant that supplement or reinforce the observations of the doctors and psychologist and are important in the total evaluation and the planning for adoption placement. The case worker is in the best position of all to tell us whether this is a placid baby, or a willful, stubborn one; is he an aggressive young fellow, is he listless or unresponsive, is he high strung? How does he take his food, what about his bowel movements, his sleeping habits, his responses to handling? All and more are data to be weighed along with his social history,

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Discussion of Miss Lucie K. Browning's Paper*

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THE dilemma of adoption has always been how to get the needful child into the needful home at a point (as well as by a method) of minimal risk but at the same time to meet the urgencies presented by impatient foster parents and children who grow older rapidly. The tendency of child placing agencies who have got most of their experience from placing older children for fairly short periods of time in boarding homes has been to place on *known* background and *known* quality in the child. This has meant often prolonged periods of boarding care and refusal of adoption to the child whose heredity was either unknown or doubtful or whose own equipment showed abnormalities. This has cut across both the needs of foster parents who will take chances in order not to be childless and who wish a young child. It also cuts across the needs of children to have permanent parents at as early a date as possible.

Miss Browning offers one solution to this problem—the placement of very young babies directly from the hospital to the adoptive family. She mentions that the children who can be so placed are few and that they are children of known good background and of mothers who know their own minds clearly and early. They are also children who are physically normal at birth. Miss Browning makes an appealing presentation of the satisfactions for foster parents, child, and case worker in these placements. I shall not question that some very natural needs are met, the need of a baby for an unchanging family (and I would not omit the father) as soon as possible, the need of the childless couple to reproduce the pleasures and satisfactions of normal parenthood as closely as possible, the need of the case worker to be a part of an emotionally potent and going concern.

Few Infants for Early Adoption Placement

I should like to point out first, however, that *children available for adoption at ten days are a small group in the whole adoption picture*. Perhaps if we believe in such placements, more children will become available. We say case work is geared to client need but it is also geared to case worker conviction which we must admit comes in part from the case worker's own fears and prejudices. We know that in most inde-

pendent adoption placements the baby has become available at a very early age. We have been inclined to frown, to say neither the mother nor the foster parent was given a fair chance, the mother to know her own decision, the foster parent protection from his own impulse and from the hazards of an unknown baby. If we were more willing to accept an earlier parental decision, we might get it.

Mothers Need Time After the Birth for Decision

But, I should like to say again that I believe this is the *exception* rather than the usual in adoption. I believe that most mothers need experience with giving up a real, already born baby before they can know surely that "giving up" is for them the way. I do not mean months or years, and I do believe that case workers in their fear of finality, of separation, and of pain have often prevented rather than helped mothers toward early decision. There is great need for more refinement of practice here. For most people *some* time and possibly some experiencing of separation is necessary to arrive at a valid decision. In my own agency, we are seeing increasing variations among mothers and with more clarity find the time for decision not only shortening but being used more meaningfully. Case workers do not know enough about how a mother gives up her baby, or keeps it. Or those who do are keeping their light well hidden.

I would not want to over-emphasize the own parents place in adoption though sometimes I feel it needs some defense and that in the great satisfaction of seeing a baby and foster family happy together we draw away from the more painful situation of the mother who gave up that baby. The baby is certainly the core of our service, the one individual in it over whose destiny we really have some control.

There is, of course, no question of the greater discrimination possible in placing the child for adoption at four or six months than at ten days. The child is known as a person with well defined physical and emotional make-up and capacities. One could say these are better defined at a year, even more clearly at six years so that the point we settle on at which to place the child is always somewhat arbitrary and dependent on our individual values. My own, include both the earliest point at which the mother can reach

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BULLETIN

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Let Him Witness Also the Rebuilding

THE child of the war has witnessed a destruction devastating to human life and character. Unless he is to cringe through life suspicious, fearful and bitter, he needs the fullest possible view of the work required in rebuilding the world. His spirit is thirsting for this new experience. Only as he witnesses the rebuilding will he realize that man is skilled in work other than destruction. Even while the smoke of bombed cities is in the air, reconstruction is of necessity in process. We are building in the very spots we have destroyed.

This child of the war has been wakened and led from his bed to an air raid shelter and some of his friends have been killed or maimed. In all this he has developed a certain Spartan endurance and learned to help beyond the strength of his years. He has had glimpses of the courage and generosity of those who give their lives in saving others. But it is the mean more than the glorious that he has seen. He has seen families, as well as houses, crumble. One or both parents have been drawn into that vortex of war's whirlwind from which few emerge with close resemblance to their pre-war selves. This child's rights to a home have been curtailed or entirely denied, and if born since 1938 he may never have known the emotional nourishment which the family can best supply.

When the child of the war becomes the object of rehabilitation there is need for skill and discernment on the part of those who would help him catch up some of the growth he has missed, remembering that much of the growth lost in early childhood never can be regained. He, like all children, is resilient and can do more than his part, but there are some things we should help him to forget and some to remember.

This child wants little coddling, though he desperately requires an environment conducive to growth. He may need care in an institution, but it will be unfortunate indeed if the institution is large and he finds himself living in a secluded group. The institution should be dispersed as much as possible and its administration decentralized. Instead of twenty cottages or dormitories in one location, let there be twenty cottages scattered among twenty villages or urban neighborhoods.

This idea of scattered cottages or colonies has been utilized successfully in different countries, though so

seldom as to mean that few have administered such institutions. Left to themselves most child welfare workers would plan an institution according to some more familiar pattern whereby children are set apart by hundreds in congregate buildings or closely huddled groups of cottages. But in these days of motor transportation and easy communication there may be economic as well as social advantages in an institution which avoids centralization and uses motor transport to carry supervision, health service and supplies to units scattered over a large area. The child may find himself in the village, or at least in the district, where he used to live and where he should again take root.

The small cottage or colony group can be housed in an existing family dwelling, whereas large institutional groups may require new construction or the use of barracks which are far from homelike. Even construction of a child hostel in the village or urban neighborhood would be economical in that its conversion into a family dwelling will be practical when the child of the war has found his place in the community.

The child of the war needs to see his neighbor rebuilding his shattered walls. If his own family has been scattered by death or exile, he needs all the more to see that families still exist and that he some day may be part of a family or start a family of his own. There will be prolonged frustrations if we coop him with thousands of children in institutions where their most marked memories of family life recall its destruction.

His absorption into someone's home may be the most desirable plan. But this, too, presents hazards. It will only heighten his insecurity if he is carelessly placed and therefore subject to relacement. Many who have never thought twice about the basic principles of good child placement will want to become intimately acquainted with them. Those experienced and those inexperienced in placement will have to make practical decisions for which we have few precedents. And some of our precedents will prove of little value. Should a child of fourteen, or even twelve, be deprived of a foster home which is emotionally stable because that home needs his labor? It may be healthier for the child to do work beyond his years than to be regimented in an institution sheltered from the world as it is.

The child of the war, may be too young to plow the fields or pour concrete, but he, too, needs to live in a house with those who are turning their backs on war and whose daily sweat comes from building for peace. If the family home seems bare and has a leaky roof, we need to recall that this child has felt hunger and has had his stomach ache also from the concussion of bombs. He has lost sleep and has wept at bereavements.

The love of those who would serve him well must be far seeing. It must account for a generous and balanced diet, emotional as well as nutritional. He needs security but he as clearly needs to witness the rebuilding.

HOWARD W. HOPKIRK

Individual Versus Group Care of Infants*

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THE war has demonstrated that the family is the most fundamental unit of a democratic culture. Even under the pressure of great emergency, our people feel a reluctance to remove babies and young children from the safeguards of family life. Should this reluctance be set aside, or does it express the wisdom of the race?

Would group care really reduce our difficulties? Would it not create more problems than it solves? The chief problem, wherever group care is hopefully undertaken, is to secure individualized care! This paradox is a reminder that there may be no adequate substitute for a parent-child type of relationship in the rearing of a child.

The White House Conference of 1909 proposed that children should not be deprived of natural parental care except for inescapable reasons, and that orphaned or otherwise dependent children should be placed in supervised family homes rather than in congregate institutions. This principle has been reenunciated by the White House Conferences of 1919, 1930, 1940. It still applies. It applies to children born out of wedlock. It applies to children of working mothers.

To what extent can this accepted principle be relaxed in time of war? Anna Freud and Dorothy Burlingham have recently offered some observations on this question in a small book which bears the title *INFANTS WITHOUT FAMILIES: The Case for and against Residential Nurseries*. The observations were collected in three houses of the Hampstead Nursery. This nursery tries to establish the security of a stable home to wartime children. Opportunities for individual development are generously provided; but in summing up the results, the authors conclude as follows:

"The institutional child in the first two years has advantages in all those spheres of life which are independent of the emotional side of his nature; he is at a disadvantage wherever the emotional tie to the mother or to the family is the mainspring of development."

"Babies between birth and about five months of age, when not breast-fed under either condition, develop better in our nursery than in the average proletarian household."

"In the second half of the first year, the picture changes definitely to our disadvantage."

* Summary of statement made at a conference on the Care of Children Under Two, Whose Mothers are Employed. Children's Bureau, Washington, July 10, 1944.

Such qualified statements can scarcely be put forward as an argument in favor of group care. In my own experience, the child reared in a congregate nursery is psychologically at a disadvantage from the very beginning. Even during the first fortnight after birth, it is desirable to have a rooming-in arrangement for the baby at the hospital—an arrangement which will keep him for portions of the day in the intimate vicinity of his mother. Normally the family tie should continue consistently, throughout the whole period of development. Through the daily dynamics of the family circle, the child achieves and organizes his personality.

What happens if, instead, the child is reared in an institution? Picture the psychological effects of a congregate nursery. It is a bright, sanitary nursery; the caretakers are in neat uniforms, they are kind and industrious. There is a mural of Red Riding Hood on the wall. The playroom has a clean, polished, expansive floor. Sun is streaming through the windows. At first flush all looks well.

But closely observe the behavior of the children. There are a dozen or more infants on the floor. And they are getting in each other's way, or occupying islands of isolation; the play objects are promiscuously exploited in a fragmentary manner; there are no cohesive, family-like groups with a baby as a focal center. There are no stable focal centers at all; the centers are ever shifting; the activities are scrambled and almost aimless. Toys and possessions are communal. This is in fact a loosely organized chaos so far as patterned personal-social behavior is concerned. The major activity is motor activity; the vacuums of tedium are constantly being filled with stereotyped circular-repeat-reactions. Here is one infant, tired of hitching about, who sits in the middle of the floor with a rubber toy and sways back and forth for minutes at a time as though doing some incantation. Two or three children are standing, but not still; they are weaving back and forth with incessant rhythm, reminiscent of the head rolling acquired during lonely hours in the crib. Another child is transfixed in a bent-over stance, similar to that of a football center about to pass the ball; he peers through his legs again for minutes at a time—an almost cataleptic posturing. Other children are in-

dulging in unwonted, persistent, chewing movements. Such distorted behavior patterns are largely environmental in origin.

Children of hardy temperament withstand the adverse effects of such group care better than children of sensitive make-up. But even moderately susceptible infants will show the adverse influences of institutional life in the very first months. Let me cite from our clinical notations of actual cases.

The following symptoms are exaggerated in children of inferior endowment and in children of passive and acquiescent type. The approximate ages at which the symptoms become defined are listed. The symptoms tend to persist and summate. The syndrome consequently becomes more complex and intensified as the child grows older.

	Approximate Age of Appearance
1. Diminished interest and reactivity.....	8-12 weeks
2. Reduced integration of total behavior.....	8-12 "
3. Beginning retardation evidenced by disparity between exploitation in supine and in sitting situations.....	12-16 "
4. Excessive preoccupation with strange persons.....	12-16 "
5. General retardation (prone behavior relatively unaffected).....	24-28 "
6. Blandness of facial expression.....	24-28 "
7. Impoverished initiative.....	24-28 "
8. Channelization and stereotypes of sensorimotor behavior.....	24-28 "
9. Ineptness in new social situations.....	44-48 "
10. Exaggerated resistance to new situations....	48-52 "
11. Relative retardation in language behavior..	12-15 months

One further symptom should be added:

12. *Definite improvement with replacement in a favorable family home.*

Clinical evidence furnishes valid proof that individualized parental and foster care in family units is biologically and socially superior to residential group care of infants.

The Interpreter's Column

The interpreters column had been made possible by the generous contribution of staff members of the National Publicity Council for Health and Welfare Services. It was conceived as a means for experimenting with methods of interpretation of various aspects of child welfare. During the past year Mrs. Sallie E. Bright carried the major responsibility. She pointed up ways in which articles in the BULLETIN might be used by local agencies in their programs of interpretation. Beginning with this issue guest writers are being invited to discuss problems, methods and experiences in interpreting child welfare and in establishing sound public relations. It is in the capacity of guest writer that Mrs. Bright presents the following material.

My job of writing the "Interpreter's Column" for the past year has been an exciting and pleasant one, undoubtedly because when one sits down each month

to think about publicity possibilities in the children's field, wide vistas open up. I can't think of a field with more opportunities for worthwhile interpretation and adding a few thoughts of my own each month (for what they are worth) has been a very satisfactory task. Now, in this, my last column for a while, I would like to make my final bow on a theme that I've touched on before in several issues of the BULLETIN.

The theme is really a plea—a plea that children's agencies begin to use more widely the opportunities they have for giving to the general community, as well as to their own clientele, the benefit of their knowledge and the skill and the sound practices they have developed in the care of children. There are two kinds of public education campaigns which children's agencies can conduct—and neither of them comes strictly under the term "agency publicity," although any good, practical publicity man will tell you that both of them have strong publicity values for the agency even though they are really publicity for your subject.

The first kind of education is the teaching of the community about social problems, and their solutions. This is a broad kind of education taking in all the facts about the kinds of problem situations which face many children, the ways in which the modern community, through its social agencies takes care of these situations, the unmet needs on which action is needed. In other words, it is much like the education which students in social science classes in the school are given, except that added to it, in newspaper stories, pamphlets and radio programs of social agencies, there is the added effort to make the public really *care* about these social problems and to be willing to do something about them. As I look at it, social agencies are not facing their full responsibility if they do not keep their communities aware of local social facts. Unfortunately, with the tremendous pressure of the staff of the average agency, and with natural impulse we all have to publicize our agency rather than the broader problems with which the agency deals, not a great deal of publicity issued by social agencies really fulfills this responsibility for public education.

Several years ago the Chicago Social Work Publicity Council made a study of publicity from Chicago agencies in five major papers. Their conclusion was that most of the material announced annual meetings, told about new appointments to the boards of directors, listed new committees and described teas given for them, but did very little to interpret social work or social needs. From my vantage point here in the office of the National Publicity Council, I think I am safe in saying that in general, that situation still exists. However, there is heartening evidence that, here and there, an agency is really "giving out" with facts and figures—and even opinions—that are

of general community interest and that deal with conditions and events which are of vital concern to the community welfare. There is a vast difference between an announcement of a committee and, for example, a release to the press about the true situation which exists in your town in regard to recreational facilities for older children, based on a comprehensive survey and pointing out practical possibilities for improvement. Publicity-wise, the second article is much better publicity than the announcement of the committee, because more people identify with it.

The second kind of public education which I am pleading for is education directed toward parents, teachers and others who deal directly with children. When I talk with children's workers I am constantly impressed with the amount of things they know about building children into useful citizens. Here on Twenty-Second Street in New York, there are a lot of children's workers who are my friends, some of them right in the same building with me. Many a time I have presumed on this friendship to talk over with them some of the little things I have trouble with in bringing up my own two youngsters. What sage advice I get—and how I wish more parents, whose problems are not yet difficult enough to require actual service from children's agencies, could have some of this advice on homely, workaday problems. And even on some of the more important problems, which handled wisely, might prevent a few of the situations which cause the pressure on children's agencies. A good discussion at a PTA meeting, or in a widely distributed pamphlet, or in a newspaper interview, about some of the effects war has on children and some of the ways children's agencies have developed to lessen the strain might have helped a great many parents to avoid that unpleasant event of their young commandos heaving a rock through the public library window being listed as juvenile delinquents. Some agencies are already producing helpful material of this kind. The Children's Bureau, of course, does a great deal of it, and local agencies would do well to get wide distribution of Children's Bureau pamphlets in their communities. Some local agencies are doing it, such as one which recently sent out a series of letters with a PTA Bulletin carrying sound advice on a number of phases of care of the children in the home. If your printing budget is slim, then consider other ways, through talks before mother's clubs and PTA's, through a regular "advice column" in the newspaper, through articles in the publications of other organizations, by which you can get out to a wider public than your own clientele the things you have to say which will help to *prevent* some of the unfortunate things that happen to children because of ignorance.

—SALLIE E. BRIGHT

Executive Secretary, National Publicity Council for Health and Welfare Services, Inc.

READER'S FORUM

DEAR EDITOR:

At a meeting of our board of directors there was some discussion of the need to revise the constitution and by-laws of our agency. We would very much appreciate having any information on the subject of the content of a constitution and by-laws.

REPLY

During the past year there have been a number of inquiries from agencies rewriting their by-laws, as to the scope of an agency's constitution. Of particular interest is the section dealing with agency purposes. The need to keep articles of incorporation so flexible, so broad in interpretation, that funds may not be frozen beyond the point of social usefulness, and the need, more properly defined in by-laws, to state agency function so definitely and concretely that it can be interpreted to the community, seem to have been confused.

The constitution needs to account for services in such broad terms that would be permissive of much that the agency has not yet undertaken but may need to undertake in the future. Thus constitutional barriers to social change would be eliminated. And while the constitution remains a permanent broad guide to agency purpose, the by-laws can state the specific function or functions more definitely. This presupposes a recognition on the part of the trustees of the agency that the by-laws, including the statement of working purpose, need to be reviewed from time to time, and rewritten in terms embodying the changing concepts of agency responsibility.

All too frequently a community does not know what a given agency which it supports may be called upon to do. A statement of working purpose that distinguishes one agency from another in the community and which identifies the various services in a multiple service agency is sorely needed. Two outstanding trends in all the social services make such definition urgent. Social agencies are being called upon to serve larger numbers who want help with some specific problem, some who can pay for service. Secondly, the base of contributors to social agencies, either directly or through community chests, has broadened. Thus more people have an expressed concern about what may be expected of the agency. In one city in which the specific services of the public and private agencies have not been defined, the private agency finds that referrals or applications for help are made by or in behalf of clients whom they are not able to serve. "Why should I contribute to you if you will not serve this family, this child?" they are asked. The executive turned to the agency by-laws to show what services it is committed to render. The statement of purpose and eligibility for service read something like, "To help individuals and families become more socially useful human beings; to help children become more useful members of society." What is this agency's responsibility, what specific problem facing adult or child is this agency prepared to relieve? This is a statement, not of agency function, for how can an agency commit itself to an end for which it cannot possibly assume responsibility. It is a statement of social goals which motivate community support of welfare services.

In some instances efforts to interpret the agency's purpose more concretely became statements of case work methods, processes or skills, frequently not intelligible to the general public. What the public needs to know and wants to know is, whom is the agency prepared to serve, under what conditions, and how; what is it prepared to offer. The public needs to know how to distinguish one agency from another in such terms that clients will know to which agency to apply for help with a given need. How else can prospective clients decide to which agency to apply for help. This is a subject for more comprehensive consideration. For the present, however, we would suggest as has been stated in the League's publication entitled, *Purpose and Form of Organization in the Field of Child Care and Protection*, "The purposes (of the agency) should be stated in a way to describe the actual functions which the institution or agency expects to perform."

—Ed.

Regional Conference

The Southern Regional Conference will be held November 14-17, 1944 in Raleigh, North Carolina. Headquarters are at the Sir Walter Hotel. The Chairman is Dr. I. G. Greer.

Case Work in Day Nursery

(Continued from page 4)

be effective, since parents can only use it within the limits of their own personality structures and in accordance with their attitudes toward the child. For example, an unhappy child in the group may be so because his mother is nervous, upset and under strain. Though suggestions for handling the child may be educationally good they may seem to the parent just another evidence of failure as a mother and an additional burden. Such a mother cannot use these suggestions effectively and may even use them destructively. Again it should be stated that the case worker's discussion of the child's adjustment and behavior is not done authoritatively, but the skill, sensitivity and judgment of the case worker are essential in determining when, if and how to approach a parent.

The case worker can be helpful to the teacher first in giving a fuller understanding of the family picture and second, working directly with the family to relieve the family problems which affect the behavior of the child. The nursery case worker may sometimes do this herself or when problems seem too serious, her skill in recognizing this will make it possible for her to offer parents the help of specialists in the community by referral to child guidance clinic or family agency, etc.

Preparation for Discharge

Re-evaluation of the need for continued care in the nursery in relation to the family situation is another aspect of the case worker's job. In some instances the problem within the family situation which made nursery care essential can be solved so that the child may again be cared for at home, as when the basis was ill health of the mother which was corrected by medical treatment. However, in a great many instances need for nursery care will be continuing such as when the need for the mother's employment is permanent. No child should be dismissed from the group on the basis of the family situation alone. The value to the child of nursery care, the effect on him of the loss of the group contacts must be weighed together by case worker and teacher before dismissal occurs. The timing of dismissal, preparation of the child and parent are all important. In some day care centers where eligibility requirements are fixed (when to be eligible the mother must be working in a defense job) a conflict sometimes arises in which the interest of the child is seriously involved. If the mother ceases work, the child must be dismissed from the nursery even though such a dismissal may be unde-

sirable from the viewpoint of the family situation and a very negative experience for the child.

Specialized Professional Equipment Essential

If we accept that the case work program and approach outlined above can contribute to the effectiveness of the nursery and truly and adequately make it possible to meet the needs of parents and children along with the education and health program, the question arises as to why the person giving the service must be professionally trained. Nearly everyone is interested in participating in these direct contacts with parents and children, and it is with reluctance that many concede that the above requires specialized professional equipment and training. The answer is that it is the body of knowledge of family life, understanding of the meaning and motivations of behavior, experience and training under supervision of how to use this knowledge in being helpful to people that is the essential qualification of the person performing these services. It is also the content of the professional case worker's training and the work in which she has studied and practiced to become skillful. There will always, moreover, be many needs and opportunities for director and teacher to have direct contact with parents and children in carrying out their own particular parts of the program.

In a day nursery the case worker, teacher and director all have to be flexible in adjusting their services in line with the nursery purposes. To be effective the case worker must be thoroughly trained and competent, sensitive, with good judgment, self-directing and able to work with a minimum of supervision. She must in addition, have an understanding of child development and of the aims of progressive education as well as of health, so that she can work cooperatively with the teacher, director and doctor. It is when these three professional fields work closely together with mutual respect for each other's area of competence, each contributing his own special skill and knowledge, that a unified and integrated day nursery program can be achieved.

In respect to case work service, the voluntary day nursery has a contribution to make to the day care field as a whole. Private day nurseries have a tradition of which they can be proud. They have been established by groups of public spirited, philanthropic, socially conscious men and women who are keenly aware of the needs of underprivileged families and children. These nursery boards have devoted thought and energy for many years to providing a service to truly meet these needs. They have been flexible and progressive, open minded to any new

knowledge and developments which can make the nursery service more effective. Their experience in meeting day care needs has been directly used by the many new day care centers set up during the war emergency. Just as they have taken leadership in other areas, they have much to contribute to the whole day care program in demonstrating the values of good case work service now and after the war.

Placement of Child Needing Adoption

(Continued from page 6)

his physical condition and the test results. The combination guides us in the choice of the adoption home.

We are not considering as placeable for adoption those cases where there are histories of such degenerative diseases as Huntington's chorea, idiocy, feeble-mindedness, deafness, blindness, syphilis, haemophilia and others, nor are we placing those where there is a history of schizophrenia and manic-depressive psychosis. One instance of epilepsy may not rule out adoption possibility but more than one such instance does rule it out. Where there are criminal histories, evidence of great instability, psychopathic or neurotic personalities, a full history becomes still more important and it is weighed carefully to guide us to a decision.

Troubled Foster Mothers Handicap Infants

During the past eighteen months we have had an unusually large number of babies who have been serious feeding problems, for which the doctors have been unable to find a physical basis and yet felt unwilling to say that the babies are safe adoption risks. Some have been in boarding homes we have used for years with the foster mothers demonstrating again and again excellent ability to love and care for babies and then to give them up. The case worker has looked into the boarding homes for the cause and we are seeing the disturbing effects of the war. In one home the foster mother is facing the possible drafting of her husband which would mean the loss of her home life and the necessity of seeking employment. In more than one a son is overseas. An older daughter is reacting disturbingly to changing war time standards of conduct. One foster mother who formerly could live and give up a baby is now feeling so insecure that she holds back her warmth. As a result of all of this we are now cautiously sending some of these babies along with their feeding problems into adoption homes and so far results have borne out our

theory. What they needed was the security, warmth, and total acceptance the adoptive parents could give.

Selecting Infants for Early Adoption Placement

The babies who go from the maternity home direct to the adoption homes are those whose histories are very full and contain nothing that we can regard as hereditary hazards; whose births were without complications and who so far as the doctors can see, are physically normal at birth and at the end of the ten days or two weeks when they are ready to leave the maternity home. Of course they are, first of all, the children of mothers who are certain they wish to surrender their babies. They are offered at this early age to adoptive parents if the doctor, psychologist, case worker, and supervisor feel confident that these babies will present no more and perhaps less risk to the adoptive parents than they would be facing in the procreation of a child of their own. Suppose the baby does turn out to be a mild spastic? Does he not have enough to give his parents to compensate for that disability or some other? Why must we be so protective of adoptive parents that we deny them the infant they want and the infant who needs them if in respects known to us he fits into their family group?

Supervision of Adoption Homes

Supervision in cases of early adoption placements offer interesting differences and variations from supervision of the older child. When we put this tiny organism into the hands of adoptive parents we do it because we have confidence in his makeup and confidence in their ability to meet his needs of parents and all that that implies. We are not greatly concerned about his adaptation to a new environment; it may be an alien environment but he is safe in it. He does not in his loss of a loved person struggle against those who would gain his love. He finds and sinks into the deep mother-child relationship that, quoting Dr. Clothier "gives fundamental protection against anxiety." How much permanent damage has been done to children whose adoption placements have been delayed beyond the point where they have made deep conscious attachments that we then break? We have done these things in our anxiety to be perfectionists but what of our anxiety when we at last move the child on to the adoption home? We go to such lengths in preparing the child for the move, in preparing the adoptive parents for his suffering, that we succeed in filling them with anxiety. What if they don't make good? We become too often a threat to them. They hold back from us many times their

troubles through the adjustment period. But it is very different in these earlier placements.

The Use of Infant's History

We have told the prospective adoptive parents all the pathological factors known to us and suspected of being a strong genetic nature. We have given them the entire medical history. First we have felt certain that they are the ones who are best qualified to be parents of this particular child. We give them the gist of our psychologist's tests. We may have told how the baby came to be born and why the mother decided to surrender her child. They have accepted all of this. They go off with the baby. Almost invariably in these early placements cards go out soon announcing the arrival of "so and so" by adoption. They do not struggle against the word "adoption." Can it be because they do not go through painful struggles with a frightened, lonely child conscious of an alien environment?

As a rule the adoptive parents initiate the first contact after placement. It is generally a 'phone call the next day to tell how wonderfully he took his bottle, how well he slept, how he smiled when he awakened. Very soon they say with joy that it seems he must have been born to them and they are certain they could not have produced a finer baby. At each stage in his development they ask you to come out. Between visits they have saved up things to talk about. They think you are so wonderful to have picked just the right baby for them that they take all they can get from you to help them to be the best possible parents to the finest baby in the world.

Instead of feeling that we must not visit too often, but must give them opportunities to assume the full responsibilities of parenthood as we may feel in the placement of older children, we see these people accept immediately their parenthood and accept it so completely that you are no threat to them; you are the expert they use freely. We believe that the case worker gets closer to the adoptive parents in these early placements.

It is easy to review with them the child's history, to discuss the situations that must be met with every adopted child, to discuss how he can grow up with the knowledge that he is adopted. You can talk with them about his future curiosity as to his origin as a matter of natural curiosity and not as evidence of his rejection of them as parents. You can help to prepare them for possible interests that are foreign to their family, to accept him as an individual in his own rights. They can do all of this because he is so completely their own.

Conclusions

With adoption granted, and if it is the first child they generally make certain that they are on our list for a little brother or sister. Of course, we are new at these early placements but our confidence in them grows. We believe there is as much enduring and constructive value to the adoptive parents as to the child in instituting as early as possible the child-parent relationship. We believe that full parenthood makes its strongest growth around the completely helpless, utterly dependent infant; that the age of the adult reaches new heights and satisfactions as it unfolds the tiny organism uninfluenced by environment, theirs to love and protect and guide. We believe it is best for the child, that it reduces the hazards and effects of anxiety. We believe the early placements can be made by carefully coordinated case work with less risks than are involved in delayed placements that breed anxiety in child, adoptive parents and case workers.

Discussion of Miss Browning's Paper

(Continued from page 7)

a valid decision and at which the child emerges as a person with known qualities on which a home can be selected discriminatingly for him.

Importance of Skilled Case Work

I do not question the value to the child of an unbroken parental relationship nor the trauma of change and separation. If we are realistic, we know that such trauma will come for many, perhaps most, children who are to be adopted. Change and separation is a natural part of life experience. We would spare children its too harsh realization if we could. But must we be so afraid of it? If we are not—this is a partial answer to the older placement—the one inevitable for most children. Our task is to learn how to help the child use his experience realistically and constructively, to learn to live with trouble without denial and with growth, and therefore a minimum of basic damage. I have a profound faith in the strength of most children and *I mean babies*. I do not consider them helpless victims of what happens to and about them. I believe the life and capacity that is in them can enable them to come to terms constructively with reality if they are given help. It is the case worker's obligation to discover ways of meeting the infant need and since we cannot always do it by avoiding the painful, depriving experience we must often do it by calling on and supporting the forces in the child which can deal with this experience. I do not mean that no children are damaged or that all children re-

spond, though how much this is due to our lack of skill is a matter of speculation. I only say that we cannot always protect a child from difficult experience but that we need not be so fearful of his capacity to incorporate it and to grow emotionally in its presence.

To arrive at last with the adoptive parents, I should like to ask what is the meaning of Miss Browning's statement that an early placement "reduces the hazards and effects of anxiety" and that delayed placements "breed anxiety in child, foster parents, and case workers." Earlier it is stated that "We go to such lengths in preparing the child for the move, in preparing the adoptive parents for his suffering, that we succeed in filling them with anxiety." Perhaps this is true but if so, why not of the early placement too? Here is an unknown child, young and apparently plastic but with enormous forces in him to deny his plasticity. Is it the case worker's belief or lack of it that causes anxiety in one place, not in another, rather than the situation? It would seem to me so from the above statement. I think there is cause for concern in any placement but hope that our belief, built on knowledge and experience, will be stronger than our fears.

For all my disagreement, I am glad, for the sake of adoption, of Miss Browning's paper and for the practice she describes which should contribute greatly to our ultimate knowledge of the psychology of adoption. I am afraid at this point that we have more practice than psychology, that our psychology is too largely borrowed and spotty and that what adoption practice needs is a sounder, more thorough-going, indigenous system of understanding of the forces operating in the individuals concerned in it—own parents, children, foster parents and case workers.

In conclusion, I do not question the satisfactions for adoptive parents and for a child of the early placement. I do want to remind us that few babies are available for adoption at so early an age, which is no reason in itself, of course, for ruling out the early placement for the child whom it fits. I also want to say that I believe case workers have been much too cautious and anxious, wanting to arrive at the *ultimate* knowledge of a child before placing him. This is foolish since the ultimate never comes. I believe in placing a child at as early an age as is compatible with our responsibility to him, to his own parents and to his adoptive parents. This responsibility includes not only a consideration of his immediate emotional needs but an insurance of his lifetime emotional needs. To be loved in early infancy is good insurance but to be loved for oneself is better.

BOOK NOTES

THE RIGHTS OF INFANTS, Margaret A. Ribble, M.D. Columbia University Press, N. Y. 1943. 118 pp. \$1.75.

Babies have a right to love expressed through physical contact, through personal attention. The mother is the essential person to give this, partly because a tie already exists between mother and child due to their close association before the baby's birth and even more importantly because she is more likely to be a permanent part of the infant's environment. Lack of this physical mothering impedes a child's mental and emotional development. This, expressed very briefly, is the theme of Dr. Ribble's book. It should be a great comfort to the mother who wishes to put more expression of affection into the care of her baby but who fears to do so because she has been so impressed by the common emphasis on good physical routine and the dangers of handling and spoiling babies. Dr. Ribble too, emphasizes the need for routine but says that everything that is done for the baby should include love expressed through petting, stroking of his head, personal contact. She indicates the danger of over-doing this if it grows out of the mother's emotional need rather than regard for the baby's welfare but she puts no stress on this side. Apparently, she feels that the greater danger is in not giving the baby enough love and security in a personal relationship.

This book is of very real importance for the social worker who is responsible for the planning for young babies. So much emphasis has been laid on good physical care that the plans for the very young infant are often based on this need alone. Dr. Ribble makes it clear that emotional hunger is as real from the time of birth as physical hunger and deprivation of the baby of emotional satisfaction is as serious as deprivation of food. The infant under three months is not an unsensing bit of physical organism, responding to proper food and physical care alone. On the contrary, Dr. Ribble gives excellent case illustrations showing that many babies fail to develop or lose what progress they have made when deprived of love even when given excellent physical care.

Dr. Ribble's thesis gives validity to the pleas of adoptive parents to be allowed to take a tiny baby. It should give food for thought to social workers responsible for adoptive plans. How can the need and right of the infant for consistent love by one mother be met and yet adequate protection given to adoptive parents and child against future disappointment arising out of their having gotten a defective or unsuitable baby through taking it at too early an age for tests and real knowledge. Adoption practice has

tended to emphasize the need for caution and time. Perhaps Dr. Ribble's finding will help us to shift that emphasis to greater concern for the baby's best development.

Dr. Ribble relates the deprivation of the infant in this area of love and personal relationship to future unbalance of the personality. She sees it as a cause of an over-developed sexual interest, an over-anxious or fearful child, temper tantrums, retardation in walking, or talking, or the child who is over-dependent yet unloving or hostile. She makes clear the origin of these behavior manifestations and very clear the proper way to care for an infant so as to avoid them. One would wish that she might supplement this book with some account of what can be done for the child later if his rights as an infant have been ignored.

This book is thoughtful and convincing. It bears evidence that Dr. Ribble's conclusions are based on observation and careful study. It is a book which should be read not only by mothers but by every case worker and executive in an agency or institution responsible for the care of very young babies.

MARGARET W. MILLAR

Director of Case Work Cleveland Humane Society, Cleveland, Ohio

UNDERSTANDING THE YOUNG CHILD, William E. Blatz, Morrow Pub. Co., N. Y. 1944. 278 pp. \$2.50.

This book by the director of the Institute of Child Study of the University of Toronto grew out of a need for an outline of a course of instruction to volunteers who were to staff the wartime emergency nurseries in Birmingham, England, in 1942. Because it was addressed to a group of people who have had little if any of the type of training that is ordinarily thought of as essential to the administration of a nursery school program, the material is presented in a clear, easy, and direct way without the theoretical digressions so characteristic of text-books on child psychology. The object was to set forth in a short and comprehensive way the principles of normal child development, especially as they apply to the age range of two to five years. There is very infrequent reference to published research studies and as in all such ventures there is a tendency to become dogmatic. Nevertheless, the book is very readable and the material accurate.

The emphasis throughout the book is on learning and its importance in the development of the skills, habits, and attitudes that prepare the child to make a good adjustment to social living. There is a minimum of reference to heredity and its influence on development and there is a noteworthy absence of

discussion of physical growth. Although the author is justified in omitting the data on physical development from the course which he was giving, it would have been desirable to describe some of the processes of physical growth in the book form because of the importance of this aspect of development in the age range covered. In spite of this, the book gives a fairly well-balanced, coherent, and organized picture of the facts and factors which people should know if they are to deal sympathetically with growing children.

The problem of motivation in human behavior is discussed by the author at some length. He points out the importance of the factors which he calls appetites, attitudes, and emotions as motivators of this behavior. One of the principal goals of childhood is the development of techniques for the control of these factors within the framework of our society. Learning, in other words, underlies living, and the function of adults is, not so much to teach the child, but to prepare situations which will facilitate the child's learning of the habits considered necessary and desirable by our culture. It is important, moreover, to realize that the child's environment frequently differs from our own, and failure to keep this in mind results in the imposition on the child of a value-system for which he is not ready and which he cannot understand. Social restrictions, while necessary and important, should be applied on a level which the child will be able to grasp rather than what might appear to adults as a logical, reasonable way.

The chapter on "Security" will be found especially helpful to those who have to deal with children who are showing problems of emotional instability. The differentiation of the methods which are used by adults and children of various stages of development to achieve this security should guide the reader in his treatment of the insecure child. Helpful hints are given at various points which should contribute to an understanding of how to avoid the development in children of common, if not serious, behavior difficulties. The inclusion of a list of books for children of pre-school years is a notable feature, and no doubt will answer the long sought desire of parents for guidance on reading materials for the young child. A summary of the nursery school program as conducted at the Institute of Child Study of the University of Toronto contains many helpful ideas for training children in good eating and elimination habits, and in the development of responsibility, independence, and appreciation of the rights of others.

Although it lacks the thoroughness that one might expect of a text-book, this book serves fairly well the purpose for which it was written. The conversational approach to child development pursued should recommend it to teachers, parents and social workers.

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